

EMPLOYER CHANGE OF ADDRESS REQUEST

Complete and return this form to:

**Division of Unemployment Assistance
Revenue Service
Central Address Unit - 5th Floor
19 Staniford Street
Boston, MA 02114**

PLEASE TYPE OR PRINT CLEARLY IN INK.

FOR DIVISION USE ONLY

Request by:
(D.U.A. Employee) _____

Phone: _____ Date: _____

L.O. - Unit: _____

Source of Request: _____

Would you like to change your address online? Go to: <https://ipasssecurity.detma.org/ipass/loginnew.asp?ipc=2>

This request form is to insure that all D.U.A. mailings are sent to the correct address and to simplify reporting of address changes. **(Please use this form for change of address only!)**

D.U.A. EMPLOYER NUMBER: (8 Characters)		FEDERAL I.D. NUMBER: (9 Characters)	
NAME OF EMPLOYING UNIT: (Individual, Partner, Corporation)			
TRADE NAME:		TELEPHONE: ()	
LEGAL ADDRESS: (NOT a P.O. Box) (Agent address is not permitted.)			
No. Street (25*)	City/Town (13*)	State (2*)	ZIP (5*)
LOCATION OF PAYROLL RECORDS: (NOT a P.O. Box)			
No. Street (25*)	City/Town (13*)	State (2*)	ZIP (5*)
MAILING ADDRESS: Employer's Quarterly Contribution Report (D.U.A. Form 0001) (Agent address is not permitted.)			
No. Street or P.O. Box (25*)	City/Town (13*)	State (2*)	ZIP (5*)
Request for Separation and/or Wage Information (Claim) (D.U.A. Form 1062/1074) (Agent address is permitted.)			
No. Street or P.O. Box (25*)	City/Town (13*)	State (2*)	ZIP (5*)
Statement of Benefit Charges or Benefits Paid/Statement of Reimbursable Benefits (D.U.A. Form 1088/1089-1) (Agent address is permitted.)			
No. Street or P.O. Box (25*)	City/Town (13*)	State (2*)	ZIP (5*)

* Indicates the maximum number of characters for computer entry.

I understand that by designating an agent or organization to receive the above forms, Request for Separation and/or Wage Information (Claim) (1062/1074) and Statement of Benefit Charges or Benefits Paid/Statement of Reimbursable Benefits (1088/1089-1), I am agreeing to be bound by my agent's actions or inactions regarding any action required or permitted concerning those forms.

SIGNED BY: _____

TITLE: _____

DATE: _____

TELEPHONE: _____